



**College of Intensive Care Medicine
of Australia and New Zealand
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STATEMENT ON THE PRACTICE OF INTENSIVE CARE MEDICINE AND THE OLDER INTENSIVE CARE SPECIALIST

The College of Intensive Care Medicine (the College) aims to maintain the highest standards of practice, teaching and research in Intensive Care Medicine. It recognises the changing personal, educational and practice needs of intensive care specialists as their working lives progress. The College further values and supports the wisdom, perspective and experience of older intensive care specialists and supports measures to maximise their contribution to the workforce and to training. The College encourages dialogue and discussion about the needs of older intensive care specialists.

To this end, the College supports and endorses the following statements:

1. All Fellows should seek independent primary and specialist health care and avoid self-treatment or informal 'corridor conversations' or consultations.
2. The older intensive care specialist should:
 - 2.1. Develop and maintain knowledge and understanding of the effects of ageing on clinical practice in order to promote self-awareness, retirement planning and self-monitoring as they age.
 - 2.2. Develop a long-term retirement plan.
 - 2.3. Have active involvement in the CPD program throughout their career; the content and focus should be adapted to fit with the learning style and the needs of the older intensive care specialist.
 - 2.4. Regularly consider the nature and extent of their practice in relation to their physical and mental capabilities. This might include consideration of some practice limitations and/or a reduction in working hours.
3. Within the workplace consideration should be given to maximising and optimising the contribution of older intensive care specialists by:
 - 3.1. Matching the amount and acuity of work to the pace of senior intensive care specialists.
 - 3.2. Provision of an environment where night call or night shifts for older specialists are reduced, or undertaken with additional support, e.g. by senior trainees.
 - 3.3. Transitional pre-retirement arrangements where complex and stressful clinical responsibilities/duties are increasingly exchanged for alternative medical practice tasks such as administration, mentoring, supervision and teaching.

4. The College supports consideration of the workplace issues referred to above as part of its hospital accreditation process, in hospitals where older Fellows are employed.
5. The College supports and promotes the development of educational and CPD activities tailored to the needs of older intensive care specialists.
6. For some individuals, the natural age-related decline in motor and cognitive functions may reach a level where ongoing practice is unsafe. While these situations are matters to be dealt with by the proper regulatory authorities, the College has a role in providing advice and assistance when requested.

References and sources

Not applicable.

Acknowledgments

Fellowship Affairs Committee

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2019	Edits in section 2, Added section 4 and 5.

Further Reading

Skowronski George A, Peisah Carmelle. *The greying intensivist: ageing and medical practice – everyone's problem*. MJA 2012; 196:505-507.

Publishing Statement

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